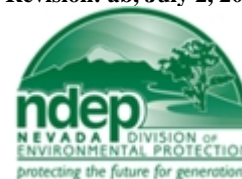


**Nevada Division of Environmental Protection
Chemical Accident Prevention Program
Element Audit Checklist**



| | | |
|--|-----------------------------|-------------------|
| Facility: | Process(es) Covered: | Date: |
| XIIIA. EMERGENCY ACTION PLAN | | |
| A. PROCEDURE/POLICY REVIEW | | |
| 1) EXISTENCE, STRUCTURE AND FORMAT OF EMERGENCY ACTION PLAN PROGRAM | | |
| Compliance of Facility Program with Specific Code Requirements | NAC Ref. | Resp. Code |
| i. If facility personnel WILL NOT respond to a HAZMAT incident, is an emergency action plan and program in place pursuant to NAC 459.9544? (all requirements of Section 2 must be met) | 459.9544 | |
| Notes/Comments Pertaining to Responses to Questions under Issue 1): | | |
| 2) EMERGENCY ACTION PLAN AND PROGRAM DEVELOPMENT | | |
| | NAC Ref. | Resp. Code |
| i. Has an Emergency Action Plan been prepared containing the elements of 29CFR1910.38a? (refer to Section 3 of this audit checklist) | 459.9544(2a) | |
| ii. Is a mechanism in place to inform the local fire department of a need for response? | 459.9544(2b) | |
| iii. Is the facility included in the comprehensive emergency response plan developed by the LEPC? (If not, and they are NOT obligated under 42USC11003, N/A is acceptable) | 459.9544(2c) | |
| iv. Has the facility reviewed the EAP with the local fire department and local HAZMAT responder? (refer to Part B) | 459.9544(2d) | |
| v. Have potential accident scenarios been reviewed with the fire department, including release, fire and explosion scenarios defined as offsite consequences under CAPP? (refer to Part B) | 459.9544(2d) | |
| vi. Do the local fire department and HAZMAT unit concur with the EAP and acknowledge that they can provide the required response? (refer to Part B) | 459.9544(2d) | |
| Notes/Comments Pertaining to Responses to Questions under Issue 2): | | |



| 3) EMERGENCY ACTION PLAN, 29CFR1910.38a | NAC Ref. | Resp. Code |
|--|-----------------|-------------------|
| Are the following elements, at a minimum, included in the plan? | 459.9544(2a) | |
| i. Emergency escape procedures and emergency escape route assignments | | |
| ii. Procedures to be followed by employees who remain to operate critical plant operations before they evacuate | 459.9544(2a) | |
| iii. Procedures to account for all employees after emergency evacuation has been completed | 459.9544(2a) | |
| iv. Rescue and medical duties for those employees who are to perform them | 459.9544(2a) | |
| v. The preferred means of reporting fires and other emergencies, such as manual pull box alarms, public address systems, radio or telephones | 459.9544(2a) | |
| vi. Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan | 459.9544(2a) | |
| vii. The types of evacuation to be used in emergency circumstances | 459.9544(2a) | |
| Employee Alarm System | 459.9544(2a) | |
| viii. Does the employee alarm system comply with § 1910.165? (refer to Section 4 of this audit checklist) | | |
| ix. If the employee alarm system is used for alerting fire brigade members, or for other purposes, is there a distinctive signal for each purpose? (refer to Part B of this audit checklist) | 459.9544(2a) | |
| Training Requirements | 459.9544(2a) | |
| x. Before implementing the emergency action plan, are a sufficient number of persons designated and trained to assist in the safe and orderly emergency evacuation of employees? | | |
| xi. Is the plan reviewed with each employee at the following times? (A) Whenever the employee's responsibilities or designated actions under the plan change, and (B) Whenever the plan is changed. (refer to training syllabus in data form) | 459.9544(2a) | |
| xii. Upon initial assignment, are those parts of the plan which the employee must know in the event of an emergency, reviewed with each employee? (refer to training syllabus in data form) | 459.9544(2a) | |
| xiii. From review of the actual training records as recorded in Part B, is there documented evidence that the required training is being conducted? | 459.9544(2a) | |
| Emergency Action Plan Availability | 459.9544(2a) | |
| xiv. Is the written plan kept at the workplace and made available for employee review? For those employers with 10 or fewer employees the plan may be communicated orally to employees and the employer need not maintain a written plan. (refer to Part B of this audit checklist) | | |



| Notes/Comments Pertaining to Responses to Questions under Issue 3): | | |
|---|-----------------|-------------------|
| 4) EMPLOYEE ALARM SYSTEMS, 29CFR1910.165 | NAC Ref. | Resp. Code |
| General Alarm Requirements | 459.9544(2a) | |
| i. Does the employee alarm system appear to provide warning for necessary emergency action as called for in the emergency action plan, or for reaction time for safe escape of employees from the work-place or the immediate work area? | | |
| ii. Is the employee alarm capable of being perceived above ambient noise or light levels by all employees in the affected portions of the work place? | 459.9544(2a) | |
| iii. Is the employee alarm distinctive and recognizable as a signal to evacuate the work area or to perform actions designated under the emergency action plan? | 459.9544(2a) | |
| iv. Does the facility post emergency telephone numbers near telephones, or employee notice boards, and other conspicuous locations when telephones serve as a means of reporting emergencies? | 459.9544(2a) | |
| v. Where a communication system also serves as the employee alarm system, do all emergency messages have priority over all non-emergency messages? | 459.9544(2a) | |
| vi. Have procedures been established for sounding emergency alarms in the workplace? For those facilities with 10 or fewer employees in a particular workplace, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. Such work-places need not have a back-up system | 459.9544(2a) | |
| Alarm Installation and Restoration | 459.9544(2a) | |
| vii. Are all devices, components, combinations of devices or systems constructed and installed to comply with this standard are approved? Steam whistles, air horns, strobe lights or similar lighting devices, or tactile devices meeting the requirements of this section are considered to meet this requirement for approval. | | |
| viii. Are all employee alarm systems are restored to normal operating condition as promptly as possible after each test or alarm? | 459.9544(2a) | |
| ix. Are spare alarm devices and components subject to wear or destruction, available in sufficient quantities and locations for prompt restoration of the system? | 459.9544(2a) | |
| Alarm System Maintenance and Testing | 459.9544(2a) | |
| x. Are all employee alarm systems are maintained in operating condition except when undergoing repairs or maintenance? | | |
| xi. Is a test of the reliability and adequacy of non-supervised employee alarm systems is made every two months? Is a different actuation device used in each test of a multi-actuation device system so that no individual device is used for two consecutive tests? | 459.9544(2a) | |
| xii. Are power supplies maintained or replaced as often as is necessary to assure a fully operational condition? Are back-up means of alarm, such as employee runners or telephones, provided when systems are out of service? | 459.9544(2a) | |



| B. ON-SITE INSPECTION - RECORDS AUDIT | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|---|--|--|--|--|---------------------|-----------------------|-----|-----------------------|---|---|--|--|----|--|--|-----|--|--|----|--|--|
| RECORDS IN FACILITY NOT PROVIDING HAZMAT RESPONSE TO AN INCIDENT | | | | | | | | Resp. Code | | | | | | | | | | | | | | | |
| Document Availability | | | | | | | | | | | | | | | | | | | | | | | |
| a. Are EAP Manuals, or pertinent sections, available to employees? | | | | | | | | | | | | | | | | | | | | | | | |
| b. Are the available EAP Manuals, or pertinent sections, of the most recent revision? | | | | | | | | | | | | | | | | | | | | | | | |
| Comments Regarding Document Availability: | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Training</p> <p style="text-align: center;">Select 2 to 4 training files/records to review against actual practice List on the following table:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">Employee ID # or Name</th> <th style="width: 65%;">Description of Responsibility During an Emergency</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">i</td><td></td><td></td></tr> <tr><td style="text-align: center;">ii</td><td></td><td></td></tr> <tr><td style="text-align: center;">iii</td><td></td><td></td></tr> <tr><td style="text-align: center;">iv</td><td></td><td></td></tr> </tbody> </table> | | | | | | | | | # | Employee ID # or Name | Description of Responsibility During an Emergency | i | | | ii | | | iii | | | iv | | |
| # | Employee ID # or Name | Description of Responsibility During an Emergency | | | | | | | | | | | | | | | | | | | | | |
| i | | | | | | | | | | | | | | | | | | | | | | | |
| ii | | | | | | | | | | | | | | | | | | | | | | | |
| iii | | | | | | | | | | | | | | | | | | | | | | | |
| iv | | | | | | | | | | | | | | | | | | | | | | | |
| Inquiry/Observation | | | | | | | Resp. Code : | | | | | | | | | | | | | | | | |
| | | | | | | | i | ii | iii | iv | | | | | | | | | | | | | |
| Required Training Topics (Y - indicates documented training & passing score on test, refer to training syllabus for specific classes) | | | | | | | | | | | | | | | | | | | | | | | |
| a. Hazard and emergency recognition | | | | | | | | | | | | | | | | | | | | | | | |
| b. Emergency Action Plan | | | | | | | | | | | | | | | | | | | | | | | |
| Duty-Specific Training Topics (Y - indicates documented training & passing score on test or certificate, refer to training syllabus for specific classes) | | | | | | | | | | | | | | | | | | | | | | | |
| c. Rescue or Medical Training | | | | | | | | | | | | | | | | | | | | | | | |
| d. Emergency Plant Operation Procedures (such as shutdown during or after evacuation) | | | | | | | | | | | | | | | | | | | | | | | |
| Completeness of Training and Comprehension Verification | | | | | | | | | | | | | | | | | | | | | | | |
| e. Does the training compliment the employee's responsibility during an emergency? | | | | | | | | | | | | | | | | | | | | | | | |



Comments Regarding Training:



General On-Site Inspection Notes/Comments:



| C. INTERVIEWS | |
|--|---|
| 1) SELECT TWO OR MORE OPERATING PERSONNEL TO INTERVIEW USING THE FOLLOWING QUESTION SETS. (RESPONSES ARE TO BE LOGGED ON FOLLOWING PAGES.) | |
| Question Set | Question Options/Phrasing |
| a | What is your job description and associated tasks? |
| b | Are you aware of the facility Emergency Action Plan (EAP)? Is a copy of the EAP readily accessible? Do you keep copies of pertinent sections of the plan posted or handy for routine review or reference? |
| c | How would you identify a hazardous substance release? What actions would you take to notify others of an emergency situation you witnessed? How would you be notified or become aware of a fire or hazardous substance release in your process area? How would you be notified or become aware of a fire or hazardous substance release elsewhere in the facility? |
| d | How would you know if you needed to evacuate? What is the designated route of evacuation from your normal work place? Where are you supposed to assemble after an evacuation? |
| e | What training or review have you been given in the EAP? Have you been involved in evacuation drills? Have you been involved in emergency response drills? How did the drill(s) go? Do you feel that the training was adequate in this area? Suggested improvements? |
| f | What is your responsibility when you are notified of a hazardous substance release or fire? Do you have any special duties to perform prior to an evacuation, such as performing an emergency shutdown of process equipment or any medical duties? |
| g | How often is the EAP reviewed? Are you involved? How do you submit suggested changes or improvements to the EAP? |

C. INTERVIEWS

2) **RECORD RESPONSES OF SELECTED OPERATING OR MAINTENANCE PERSONNEL TO QUESTIONS FROM THE QUESTION SETS (LISTED ON THE FIRST PAGE OF SECTION C)**

Employee Profile

| Job Title/Position | Department/Unit/Group | Yrs in Job | Yrs w/Co. |
|--------------------|-----------------------|---------------|--------------|
| | | | |

Response to Question Set _:

Response to Question Set _:

Response to Question Set _:

Response to Question Set _: